

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 10/20/08 to 11/24/08
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.
14074	HICKNER THOMAS L
1 107-1	4a. Office Sought Including District # or Community Served (If applicable)
2. Committee Name	COUNTY EXECUTIVE
TOM HICKNER FOR COUNTY EXECUTIVE	4b. County of Residence BAY
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
TOM HICKNER	KEN GRZEGORCZYK
PO BOX 403	2889 QUEEN ANNES CT
BAY CITY MI 48707-0403	BAY CITY I 48708
	5
Area Code and Phone (989) 667-4125	
If the address in this box is different from the committee	
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone (989) 684-4985
7. Treasurer's Business Address	
	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
J & K INCOME TAX SERVICE	MARIE A HAYES
1604 22ND ST	114 N SHERIDAN ST
BAY CITY MI 48708	BAY CITY MI 48708
Area Code and Phone (989) 892-2563	Area Code and Phone (989) 892-3986
9. TYPE OF STATEMENT	
9a. Pre-Election OR 9b. ✓ Post	st-Election 9c. Annual Statement (Coverage Year)
	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c
Pre-Election or Post-Election Statement relates to:	or 9e to indicate which Statement is being amended)
Primary Ger	neral 9e. Dissolution of Candidate Committee
	Effective Date of Dissolution
Convention	hool
Special Cau	ucus
	By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if
Date of Election, Convention or Caucus	the dissolution cannot be granted, that this be considered a request for
11/04/08	the Reporting Waiver.
	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
A committee that does not have a Reporting Waiver must file all re	required Campaign Statements. The Campaign Statements must include all applicable enditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.
Schedules. Direct contributions, in-kind contributions, loans, expe	enditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.
amendment to the Statement of Organization should accompany the filing deadline of a required campaign statement.	ged since the information was shown on the committee's Statement of Organization, an this Campaign Statement. If a request for a Reporting Waiver is not received on or that campaign statement cannot be waived.
The state of the s	in the preparation of this statement and attached schedules (if any) and to the best of
my\our knowledge and belief the contents are true, accurate and co	complete.
Current Treasurer or	1h. 1/2/2
Designated Record keeper ///A/C/E H. FtAyES	11 lake (1. Neyer Date 11-25-08
Type or Print Name	Signature Date 11-25-08 Date 11-25-08
T. 1 . 1 . 1	1/1/20
Candidate THOMAS L. NICKNER	Date 11-63-08
Type or Print Name	Signature



SCHEDULE 1-IK

1. Committee I. D. Number 14074

CANDIDATE COMM	IT	TEI
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TOM HICKNER FOR COUNTY EXECUTIVE

CANDIDATE COM	AITTEE 2. Committee Name		I LALCOTIVE
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	Type of In-Kind Contribution (Check applicable box) Date of Receipt Name & Address of Vendor from whom goods or services we purchased	7. Amount of Fair Market Value	
Contribution # 1 PAC Receipt? Yes Name & Address: TOM HICKNER 4821 E WESTGATE BAY CITY MI 48706	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others Code Services Purchased by Candidate or Others	\$ 35.00	\$
If over \$100.00 cumulative, please provide: Occupation: BAY COUNTY EXECUTIVE Employer Name & Business Address: BAY COUNTY 515 CENTER AVE BAY CITY MI 48708 Fund Raiser Contribution	Description ANNUAL MEETING 5. Date Of Receipt: 10/20/08 6. Vendor Name & Address: BAY MEDICAL FOUNDATION 1900 COLUMBUS AVE BAY CITY MI 48708	Click Here for Me	emo Itemization
Contribution # 2 PAC Receipt? Yes Name & Address SAME If over \$100.00 cumulative, please provide: Occupation:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-Loanescription FUNDRAISER 5. Date Of Receipt: 10/29/08	\$ <u>25.00</u> an	\$
Employer Name & Address: Fund Raiser Contribution	6. Vendor Name & Address: BILLY MARTIN FOR COMMISSIONER 5154 BAXMAN RD BAY CITY MI 48706	Click Here for Me	emo Itemization
Contribution #3 PAC Receipt? Yes Name & Address: SAME	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated \$ ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOA	8.40	_{\$} 16.80
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Fund Raiser Contribution	Description POSTAGE 5. Date Of Receipt: 08/01/08 6. Vendor Name & Address: POSTMASTER WASHINGTON AVE BAY CITY MI 48707	Click Here for Me	emo Itemization
	Page Subt	\$68.40	
	Grand Total of all Schedules (Complete on last page of Sched		

Enter this total on line 6 of Summary Page



SCHEDULE 1-IK

1. Committee I. D. Number 14074

CANDIDATE	COMMITTEE
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2 Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

CANDIDATE COMN	ATTIEE 2. Committee Name	
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	Type of In-Kind Contribution (Check applicable box) Date of Receipt Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value 8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: SAME	Goods or Services Purchased by Candidate or Others	8.40 _{\$} 25.20
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Fund Raiser Contribution	Goods or Services Purchased by Candidate or Others- LOAN Description POSTAGE 5. Date Of Receipt: 10/03/08 6. Vendor Name & Address: POSTMASTER STATION A BAY CITY MI 48708	lick Here for Memo Itemization
Contribution # 2 PAC Receipt? Yes Name & Address SAME If over \$100.00 cumulative, please provide: Occupation:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description REFRESHMENTS - OBAMA STAFF 5. Date Of Receipt: 10/27/08	87.22 \$ 131.65
Employer Name & Address: Fund Raiser Contribution	6. Vendor Name & Address: OLD CITY HALL 814 SAGINAW ST BAY CITY MI 48708	lick Here for Memo Itemization
Contribution #3 PAC Receipt? Yes Name & Address: SAME If over \$100.00 cumulative, please provide:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated \$ 1 ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN ☐ Description FUNDRAISER	00.00 \$
Occupation: Employer Name & Address: Fund Raiser Contribution	5. Date Of Receipt: 10/03/086. Vendor Name & Address:	lick Here for Memo Itemization
Tulid Teaser Continuation	Page Subtota	\$195.62
	Grand Total of all Schedules 1- (Complete on last page of Schedule	

Enter this total on line 6 of Summary Page

Page 2 of 4



SCHEDULE 1-IK

1. Committee I. D. Number 14074

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TOM HICKNER FOR COUNTY EXECUTIVE

CANDIDATE COM	ATTEE 2. Committee Name 153311101111111	OK COOM I EXECUTIVE
3. Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value 8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: SAME	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others	\$ 290.28 \$ 343.77
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Fund Raiser Contribution	Goods or Services Purchased by Candidate or Others- LOAN Description DINNER FOR CAMPAIGN VOLUNTEERS 5. Date Of Receipt: 11/07/08 6. Vendor Name & Address:	Click Here for Memo Itemization
Contribution # 2 PAC Receipt? Yes Name & Address SAME	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN	239.59 \$
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Fund Raiser Contribution	Description ELECTION DINNER FOR SUPPORTERS 5. Date Of Receipt: 11/04/07 6. Vendor Name & Address:	Click Here for Memo Itemization
Contribution #3 PAC Receipt? Yes Name & Address: SAME	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated \$	00.00 \$ 120.00
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Fund Raiser Contribution	Description FUNDRAISER 5. Date Of Receipt: 10/28/08 6. Vendor Name & Address:	Click Here for Memo Itemization
	Page Subtota Grand Total of all Schedules 1-	ψ02.9.01
	(Complete on last page of Schedul	l I

on line 6 of Summary Page

Page 3 of 4



SCHEDULE 1-IK

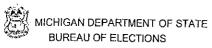
1. Committee I. D. Number 14074

SCHEDULE I-IK	
CANDIDATE COMMITTEE	2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	Type of In-Kind Contribution (Check applicable box) Date of Receipt Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: SAME	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others COAN	40.38	319.97
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Fund Raiser Contribution	Description PIZZA FOR ELECTION WORKERS 5. Date Of Receipt: 10/28/08 6. Vendor Name & Address:	ck Here for Memo Ite	emization
Contribution # 2 PAC Receipt? Yes Name & Address SAME If over \$100.00 cumulative, please provide: Occupation:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description FUNDRAISER 5. Date Of Receipt: 10/16/08	50.00 s	
Employer Name & Address: Fund Raiser Contribution	6. Vendor Name & Address: DALE KILDEE FOR CONGRESS PO BOX 317 FLINT MI 48501	ck Here for Memo Ite	emization
Contribution #3 PAC Receipt? Yes Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN	\$_	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:	ck Here for Memo Ite	emization
Fund Raiser Contribution		I	
	Page Subtotal Grand Total of all Schedules 1-lK (Complete on last page of Schedule)	ψ50.00	

Enter this total on line 6 of Summary Page

Page 4 of 4



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C CANDIDATE COMMITTEE

1. Committee I. D. Number

1	4	0	7	4
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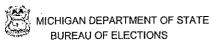
(For use by officeholders only)

TOM HICKNER FOR COUNTY EXECUTIVE

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address:	Purpose		
TOM HICKNER	RE-IMBURSEMENT	11/12/08	_{\$} 984.27
4821 E WESTGATE	***************************************	Date	Ψ
BAY CITY MI 48706		Memo Itemization E	Selow
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 2 Name & Address:	Purpose		
BAY MEDICAL FOUNDATION	ANNUAL MEETING	10/20/08	_{\$} (35.00)
1900 COLUMBUS AVE		Date	
BAY CITY MI 48708		(Memo Itemization)	
Check box if this disbursement is payment of debt or obligation	Disbursement Code GO		
reported on previous statement	Fund Raiser		
Disbursement # 3 Name & Address:	Purpose		
BILLY MARTIN FOR COMMISSIONER	FUNDRAISER	10/29/08	_{\$} (25.00)
5154 BAXMAN RD		Date	
BAY CITY MI 48706		(Momo Homizotica)	
		(Memo Itemization)	
·			
Check box if this disbursement is payment of debt or obligation	Disbursement Code 10		
reported on previous statement	Fund Raiser		<u> </u>
Disbursement # 4 Name & Address:	Purpose		
POSTMASTER	POSTAGE	08/01/08	_{\$} (8.40)
WASHINGTON AVE		Date	
BAY CITY MI 48707		(Memo Itemization)	
	•		
	50		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code BO		
Special of Monogo distollish	Fund Raiser		
•		Subtotal this page	984.27
	Grand Total (Complete on las	of all Schedules 1C	
	,	, , , , , , , , , , , , , , , , , , , ,	Enter this total

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C CANDIDATE COMMITTEE

1. Committee I. D. Number	14074	

(For use by officeholders only)

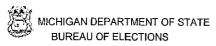
2. Committee Name

TOM HICKNER	FOR	COUNTY	EXECUTIVE
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,			
3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1	Purpose		
Name & Address:	'	40/00/00	(0.40)
POSTMASTER	POSTAGE	10/03/08	\$ <u>(8.40)</u>
STATION A		Date	
		(Memo Itemization)	+
BAY CITY MI. 48707		`	
	Disbursement Code BO		
Check box if this disbursement is payment of debt or obligation			
reported on previous statement	Fund Raiser		
Disbursement # 2	Purpose		
Name & Address:	•	10/27/08	_s (87.22)
OLD CITY HALL	REFRESHMENTS-OBAMA STAFF	-	\$(/
814 SAGINAW ST		Date	
BAY CITY MI 48708	((Memo Itemization)	
	nu iout FO		
Check box if this disbursement is payment of debt or obligation	Disbursement Code FO		
reported on previous statement	Fund Raiser		
Disbursement #3	Purpose		
Name & Address:	FUNDRAISER	10/03/08	_s (100.00)
JUDGE HATHAWAY FOR SUPREME COUF	ONDIVIOLIV	Date	<u> </u>
	XI :	Date	
18525 MOROSS			
DETROIT MI 48224	((Memo Itemization)	
		-	
_[] .	Disbursement Code IO		
Check box if this disbursement is payment of debt or obligation			
reported on previous statement	Fund Raiser		
Disbursement # 4	Purpose		
Name & Address:	DINNER FOR CAMPAIGN VOLUNTEER	RS 11/07/08	(290.28)
	DIMITELL OF ORMIT MORE VOLUMELLE		\$ \$\int_{2}
RIVERFRONT GRILLE		Date	
1 WENONAH PARK PLACE	1	(Memo Itemization)	
BAY CITY MI 48708			
	Disbursement Code FO		
Check box if this disbursement is payment of debt or obligation			
reported on previous statement	Fund Raiser		
7-		Subtotal this page	\$0.00
	Grand Total of	all Schedules 1C	<u> </u>
	(Complete on last	page of Schedule)	
			Enter this total

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C CANDIDATE COMMITTEE

1. Committee I. D. Number

1	4	0	7	4

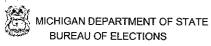
(For use by officeholders only)

TOM HICKNER FOR COUNTY EXECUTIVE

2 Nome and address of account to the state of the state o	14 Description of Dishard		
Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1	Purpose		-4-
Name & Address:	ELECTION DINNER FOR SUPPORTERS	11/04/08	_{\$} (239.59)
TOMMY V'S 312 E MIDLAND ST		Date	\$(200.00)
BAY CITY MI 48706	f	Memo Itemization	1)
DAT CITT WII 40700	,	Works Romization	''
	Disbursement Code FO		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		٠
Disbursement # 2	Purpose		
Name & Address:	FUNDRAISER	10/28/08	_s (100.00)
BAY CO DEMOCRATIC PARTY	TONDIVIOLIT	Date	_ \$(************************************
PO BOX 566		Date	
PINCONNING MI 48650	(1)	Memo Itemization)
	Disbursement Code IO		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
	Pumasa	· <u> </u>	
Disbursement # 3 Name & Address:	Purpose	10/00/00	(40.20):
STEIN HAUS	PIZZA FOR ELECTION WORKERS		\$(40.38)
1020 N WATER ST		Date	
BAY CITY MI 48708	(8)	Anno Itamiration	
	. (11	Memo Itemization)	1
Check box if this disbursement is payment of debt or obligation	Disbursement Code FO		
reported on previous statement	Fund Raiser		
Disbursement # 4	Purpose		
Name & Address:	FUNDRAISER	10/16/08	(50.00)
DALE KILDEE FOR CONGRESS	TONDIVAIGEN		3 800.00
PO BOX 317	/5		
FLINT MI 48501	. (n	demo Itemization)	
	•		
Check box if this disbursement is payment of debt or obligation	Disbursement Code IO		
reported on previous statement	Fund Raiser		•
	Si	btotal this page	\$0.00
•		, -	<u> </u>
	Grand Total of a (Complete on last pa	all Schedules 1C age of Schedule)	
			Enter this total

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C CANDIDATE COMMITTEE

1. Committee I. D. Number 140	074
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(For use by officeholders only)

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address:	Purpose		
JOHN GLENN DRAMA	AD IN PLAY BOOK	10/22/08	_{\$} 25.00
3201 KIESEL RD		Date	
BAY CITY MI 48706		Click for Memo Ite	mization Type
	Disbursement Code KO		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 2 Name & Address:	Purpose		
			_ \$
		Date	
		Click for Memo Ite	mization Type
 	Disbursement Code		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 3 Name & Address:	Purpose		
			\$
		Date	
		Click for Memo Iter	nization Type
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 4 Name & Address:	Purpose		
			<u> </u>
		Date	
		Click for Memo Iter	nization Type
Check box if this disbursement is payment of debt or obligation	Disbursement Code		
reported on previous statement	Fund Raiser		
		Subtotal this page	\$25.00
	Grand Tota (Complete on la	l of all Schedules 1C st page of Schedule)	\$1,009.27

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Page	4	of	4	
Made.		OI.		

1.	Committee	I D	Number	

14074

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

CANDIDATE COMMITTEE		· · · · · · · · · · · · · · · · · · ·
RECEIPTS	Column I This Period	Column Cumulative this election cyclo
3. Contributions		Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$0.00</u>	(18.) \$ \$22,080.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ \$25.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$0.00	(20.) \$ \$22,105.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$984.27	(21.) \$ \$6,270.08
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$0.00	
b. Itemized Get-Out-the-Vote (Schedule 18-G)	(8b.) \$ \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$0.00	(23.) \$ \$6,337.44
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ \$1,009.27	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$1,009.27	(24.) \$ \$12,330.84
DEBTS AND OBLIGATIONS 12. Debts and Obligations		(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$_\$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.)\$ \$0.00	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	### BALANCE STATEMENT (13.) \$ \$4,286.43 (14.) + \$ \$0.00 (15.) = \$ \$4,286.43 (16.) - \$ \$1,009.27 (17.) \$ \$3,277.16	*